



## APPLICANT REFERRAL QUESTIONNAIRE

Applicant: \_\_\_\_\_

1. Which employee of the City of Marietta directly referred you for this position?

Please provide the employee's name and department: \_\_\_\_\_

2. What is your relationship to the employee?

\_\_\_\_\_

3. How long have you known the employee? \_\_\_\_\_

4. If you would like to provide additional information or comments about the referring employee, please do so in the space provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form was completed by: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_